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CONFIRMATION NO. 6867

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|--|---|--------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/542,549   | <b>FILING OR 371(c) DATE</b><br>12/22/2005<br><b>RULE</b>   | <b>CLASS</b><br>600                  | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>P06903US0 |
| <b>APPLICANTS</b><br>David Tibor Julian Liley, Camberwell, AUSTRALIA;  |   |                                      |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/AU04/00045 01/14/2004  |   |                                      |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>AUSTRALIA 2003900324 01/20/2003  |   |                                      |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>AUSTRALIA | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>26               |
| <b>INDEPENDENT CLAIMS</b><br>11  |   |                                      |   |   |
| <b>ADDRESS</b><br>34082  |   |                                      |   |   |
| <b>TITLE</b><br>Method of monitoring brain function  |   |                                      |   |   |
| <b>FILING FEE RECEIVED</b><br>2930   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                      | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |   |